

General

Title

Home health care: percentage of home health episodes of care during which the patient's ability to transfer to/from and on/off the toilet improved or stayed the same as at admission.

Source(s)

Home Health Quality Measures – Outcomes. Baltimore (MD): Centers for Medicare & Medicaid Services (CMS); 2016 Mar. 10 p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Outcome

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of home health episodes of care during which the patient's ability to transfer to/from and on/off the toilet improved or stayed the same as at admission.

Rationale

Patients need certain physical abilities and capacities (motor skills, symptom relief) to get to and from and on and off the toilet. Many patients who receive home health care have chronic illnesses or disabilities that may lead to difficulty with toilet transferring, and/or may need help from another person or special equipment to accomplish this activity. The required physical abilities for toilet transferring can be maintained by managing patient symptoms or through rehabilitative services. Home health care staff can encourage patients to be as independent as possible, can evaluate patients' needs, and can teach them how to use special devices or equipment and maintain their ability to perform some activities without the assistance of another person. Maintaining and improving functional status related to toilet

transferring, contributes to quality of life and can allow patients to live as long as possible in their own environment. Ability to get to and from and on/off the toilet is important for personal hygiene, particularly for patients who lack adequate caregiver support. Stabilization in toilet transferring is often a rehabilitative goal for home health patients.

A report on agency performance on this measure is provided to home health agencies (HHAs) as part of the Outcome-Based Quality Improvement (OBQI) Outcome Report. The OBQI reports allow the agency to compare their agency's rates in the current year compared to prior years and to national reference rates (i.e., benchmarking) values. HHAs can use the OBQI outcome measures as part of a systematic approach to continuously improving the quality of care they provide by targeting care practices that influence specific patient functioning and health status. Therefore, the measure is important to making significant gains in health care quality and improving health outcomes for a specific high impact aspect of healthcare where there is variation in performance.

Analysis of measure scores demonstrates that 1) there is room for improvement with respect to this quality measure; and 2) considerable variability exists in the performance of agencies on the risk-adjusted measure, suggesting that it captures an aspect of care that is under the agency's control.

Evidence for Rationale

Deitz D. (Abt Associates, Cambridge, MA). Personal communication. 2012 May 18.

Primary Health Components

Home health care; activities of daily living (ADLs); stabilization; toilet transferring

Denominator Description

Number of home health episodes of care ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Number of home health episodes of care where the value recorded on the discharge assessment indicates the same or less impairment in toilet transferring at discharge than at start (or resumption) of care (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Evidence for Additional Information Supporting Need for the Measure

Deitz D. (Abt Associates, Cambridge, MA). Personal communication. 2012 May 18.

Extent of Measure Testing

Validity

As part of the National Outcome-Based Quality Improvement (OBQI) Demonstration project when OASIS was originally designed and tested, several tests of validity were conducted for each OASIS item, including the items used to calculate this measure. The items passed each of the following validity assessments:

- Consensus validity by expert researcher/clinical panels for outcome measurement and risk factor measurement
- Consensus validity by expert clinical panels for patient assessment and care planning
- Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
- Convergent/predictive validity: case mix adjustment for payment
- Validation by patient assessment and care planning
- Validation by outcome enhancement

Descriptions for these validation assessments are contained in the accompanying descriptions taken from *Volume 4: OASIS Chronicle and Recommendation* (2001).

Reliability

The primary reliability testing for this measure took place as part of the National OBQI Demonstration project when OASIS was originally designed and tested. In spring 1997, 41 patients from two agencies and in fall 1998, 25 patients from three different agencies were assessed by two registered nurse (RN) level assessors who were provided training on assessment methods. The results from these studies are collectively referred to as "Study 1." Study 2 was an independent inter-rater reliability study conducted by Katherine Berg of Brown University (1999) with 144 patients. Study 3 was a concurrent assessment of inter-rater reliability by Madigan, Tullai-McGinness, and Fortinsky (2001) with 88 patients from 21 agencies.

Evidence for Extent of Measure Testing

Goldberg HB, Delargy D, Schmitz RJ, Moore T, Wrobel M, Berg K. Interim reliability report: Medicare home health case-mix project. Appendix G. Case-Mix Adjustment for a National home health prospective payment system. Second interim report. Cambridge (MA): Abt Associates; G.3-G.25 p.

Hittle DF, Crisler KS, Beaudry JM, Conway KS, Shaughnessy PW, West LR, Richard AA. OASIS and outcome-based quality improvement in home health care: research and demonstration findings, policy implications, and considerations for future change. Vol. 4, OASIS chronicle and recommendations. Denver (CO): Center for Health Services Research, University of Colorado Health Sciences Center; 2002 Feb 1.

How to obtain meaningful and reliable results with OASIS data. In: Madigan, Tullai-McGinness, Fortinsky. Presentation at the annual meeting of the National Association for Home Care; October 2001; Las Vegas (NV).

OASIS 2: Home Health Quality Measures - supporting information. [internet]. Cambridge (MA): Abt Associates, Inc., Domestic Health Division; [accessed 2012 Oct 16]. [1 p].

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Home Care

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Specified

Target Population Age

Age greater than or equal to 18 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Living with Illness

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding Period

Rolling 12 month period

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Encounter

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Number of home health episodes of care ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions

All home health episodes:

- With an OASIS assessment for both the beginning and end point

- With an end point that occurs in the reporting year

- Other than those covered by denominator exclusions

Exclusions

Measure-specific Exclusions

Home health episodes of care for which:

At start/resumption of care OASIS item M1840 "Toilet Transferring"= 4, indicating the patient had the maximum level of dependency in toileting; OR

The value recorded of OASIS item 1700 "Cognitive Functioning" = 4, indicating that the patient was totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state or delirium.

The value recorded on M1710 "When Confused" or M1720 "When Anxious" is Not Applicable (NA) on the start (or resumption) of care, indicating the patient is non-responsive; OR

The patient did not have a discharge assessment because the episode of care ended in transfer to inpatient facility or death at home; OR

All episodes covered by the generic exclusions

Generic Exclusions

Home health episodes of care that are exempt from the OASIS reporting requirement, including:

Pediatric home health patients

Home health patients receiving maternity care only

Home health clients receiving non-skilled care only

Home health patients for which neither Medicare nor Medicaid is a payment source

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Number of home health episodes of care where the value recorded on the discharge assessment indicates the same or less impairment in toilet transferring at discharge than at start (or resumption) of care

Note: Stabilization in Toilet Transferring is coded as follows:

1 (YES) IF: The value recorded for the OASIS item M1840 on the discharge assessment is numerically less than or equal to the value recorded on the start (or resumption) of care assessment, indicating the same or less impairment at discharge compared to start of care.

0 (NO) IF: The value recorded for the OASIS item M1840 on the discharge assessment is numerically greater than the value recorded on the start (or resumption) of care assessment, indicating more impairment at discharge compared to start of care.

Exclusions

Unspecified

Numerator Search Strategy

Episode of care

Data Source

Administrative clinical data

Type of Health State

Functional Status

Instruments Used and/or Associated with the Measure

The Outcome and Assessment Information Set (OASIS) for Home Care

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Description of Allowance for Patient or Population Factors

Logistic regression models for risk adjustment were developed using three million episodes of care based on OASIS national repository data from assessments submitted between January 1, 2010 and September 30, 2010.

Details of the model are available from the *Home Health Agency Quality Measures: Logistic Regression Models for Risk Adjustment* at the [Centers for Medicare & Medicaid Services \(CMS\) Web site](#)

Standard of Comparison

not defined yet

Identifying Information

Original Title

Stabilization in toilet transferring.

Measure Collection Name

Outcome and Assessment Information Set (OASIS)

Measure Set Name

Submitter

Centers for Medicare & Medicaid Services - Federal Government Agency [U.S.]

Developer

Center for Health Services Research, University of Colorado, under contract to Centers for Medicare and Medicaid Services - Academic Affiliated Research Institute

Centers for Medicare & Medicaid Services - Federal Government Agency [U.S.]

Funding Source(s)

Centers for Medicare & Medicaid Services

Robert Wood Johnson Foundation

New York State Department of Health

Composition of the Group that Developed the Measure

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Financial Disclosures/Other Potential Conflicts of Interest

None

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2016 Mar

Measure Maintenance

Annually

Date of Next Anticipated Revision

Unspecified

Measure Status

Please note: This measure has been updated. The National Quality Measures Clearinghouse is working to update this summary.

Measure Availability

Source available from the [Centers for Medicare & Medicaid Services \(CMS\) Web site](#)

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For more information, contact CMS at 7500 Security Boulevard, Baltimore, MD 21244; Web site:

www.cms.gov .

Companion Documents

The following are available:

Department of Health & Human Services, Center for Medicare & Medicaid Services. Home health agency quality measures: technical documentation of OASIS-based patient outcome measures. Baltimore (MD): Center for Medicare & Medicaid Services (CMS); 2013 Jul. 22 p. This document is available from the [Centers for Medicare & Medicaid Services \(CMS\) Web site](#) .

Department of Health and Human Services, Centers for Medicare & Medicaid Services. Home health agency patient-related characteristics reports: technical documentation of measures. Revision 2. Baltimore (MD): Centers for Medicare & Medicaid Services (CMS); 2013 Jun. 113 p. This document is available from the [CMS Web site](#) .

NQMC Status

This NQMC summary was completed by ECRI Institute on July 17, 2013. The information was verified by the measure developer on November 14, 2013. The information was reaffirmed by the measure developer on April 7, 2016.

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Production

Source(s)

Home Health Quality Measures – Outcomes. Baltimore (MD): Centers for Medicare & Medicaid Services (CMS); 2016 Mar. 10 p.

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